**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kimura	Lisa		(808) 737-5805
MAILING ADDRESS (Street)			FAX
845 - 22nd Avenue			EMAIL
			lisak@hmhb-hawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Healthy Mothers Healthy Babies Coalition of Hawaii		(808) 737-5805
MAILING ADDRESS (Street)		FAX
845 - 22nd Avenue		EMAIL
		lisak@hmhb-hawaii.org
(City)	(State)	(Zip Code)
Honolulu	HI	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lisa Kimura		(808) 737-5805
MAILING ADDRESS (Street)		FAX
845 - 22nd Avenue		EMAIL
		lisak@hmhb-hawaii.org
(City)	(State)	(Zip Code)
Honolulu	HI	96816

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

3/5/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Haunani Fuyimoto TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Healthy Mothers Healthy Babies

Board of Directors - President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HMTB

MAILING ADDRESS (Street)

FAX

845 22nd Ave

EMAIL

(City)

(State)

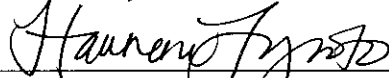
(Zip Code)

Honolulu

HI

96815

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

3/6/13

(Date)